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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

HYPODERMIC INJECTION OF COFFEE IN OPIUM POISONING.

BY JAMES B. GARRISON, M. D.,
Of DeWitt, Arkansas.

Charles Rawlinson, farmer, æt. 55, a recent emigrant from Greene County, Ind., to this State, was given by his wife, through mistake for the sulphate of quinia, between ten and twenty grains of the sulphate of morphia. This occurred about 5 o'clock in the afternoon of August 19th, 1873. The family not being aware of the nature of the poison given, he was left undisturbed for about four hours, when I was sent for, and arrived about ten o'clock, five hours after the morphia had been taken. I considered the patient moribund, in fact, almost actually dead. The pulse had ceased entirely at the wrist, and an occasional spasmodic inspiratory effort only indicated life. The whole surface of the body was cold and livid, and covered with a clammy perspiration. The iris was not only motionless and contracted to its utmost limit, but the eyelids, when elevated, would remain without any muscular effort to close them, even when the eyeball was touched by the finger.

Although I considered the case hopeless, I went to work none the less vigorously on that account. Luckily there were six young men in the house. I immediately instituted artificial respiration, to which one attended while I prepared to inject belladonna hypodermically. Another attendant stripped the patient, another was rubbing him with dry mustard all over his body and extremities,

and others bringing water. Having no atropia with me (not knowing the nature of the case when I started), I injected into each arm about 10 grains of the extract of belladonna, rubbed up with water, and then, after having him thoroughly rubbed with mustard, I placed him naked in a chair in the centre of the room, an attendant on either side supporting him, and another holding up his head. I then caused cold water, in a full stream, to be poured on his head and spine from a height, by an attendant standing on a chair and holding the vessel as high as he could. In the meanwhile there had been made a strong decoction of coffee, prepared in the same way as it usually is taken as a beverage, only of saturated strength. This I injected hypodermically continuously, for more than an hour, as fast as I could conveniently fill and empty the syringe. In all, I injected in this manner nearly a pint, and during this whole time there was not the slightest movement of a voluntary muscle, nor any, except at intervals of several minutes, when there would be a spasmodic attempt, at inspiration. At intervals of about five minutes I had him laid down on a bed on the floor and rubbed hard and vigorously with hot flannels, by as many persons as could get around him, alternating this with the cold-water *douches*. I, in the meanwhile, was perforating every eligible part of his body with the needle of the hypodermic syringe, and filling his cellular tissue with coffee.

At about the end of the first hour from the beginning of the treatment his pulse was perceptible at the wrist. Near the end of the second hour his respirations were two to

the minute, spasmodic, and attended by rattling in the throat. Between the second and third hour he made an attempt to clear his throat of mucus, and moved a hand. Previous to this time I had stopped the hypodermic injection of coffee, his skin being perforated in every part where it could be done with safety, but I continued the friction and cold affusion for four hours, at the expiration of which time he was able to swallow; and then I made him drink large draughts of coffee, perhaps a quart or more, as strong as it could be made. I afterward gave him quinine and brandy, *p. r. n.*, as his pulse was feeble. By 8 o'clock next morning he could be roused up sufficiently to speak a word or two, but on my return next day he had no recollection of me or what had occurred. Catheterization was necessary for 48 hours. His memory was sadly deficient for some weeks, but he constantly improved, having "*sana mens in sano corpore*" within a month. He never once complained of soreness, as I expected he would do, from the ultra-heroic treatment he had received. There were but two abscesses formed from the hypodermic medication, and they at the points where the belladonna was injected. These were small, and gave no trouble. He had a low form of fever for a few days after, which yielded readily to quinine and Thompson's Compound Syrup of Valerian.

As an unusual feature in this case, the patient says that he believes I saved his life, seems grateful, and will probably remunerate me for my services some time in the future.

SOME PRACTICAL HINTS FOR THE TREATMENT, AND FOR THE PREVENTION OF UTE- RINE DISORDERS.

BY WILLIAM GOODELL, M. D.

Physician in Charge of the Preston Retreat;
Clinical Lecturer on the Diseases of Women and
Children, in the University of Pennsylvania, etc.

(Continued from No. 883.)

Cancer of the Cervix Uteri.—Whenever the cervix is the seat of a malignant or of a quasi-malignant growth, the indications are to check excessive serous or bloody discharges, to correct the fetor, to allay pain, and to prolong life. Very fortunately, that physician who diligently carries these out

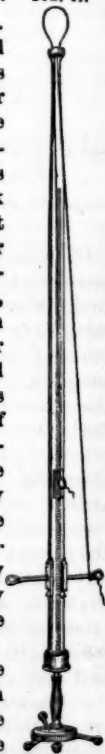
will often give a new lease of life to his patient, and sometimes bring about her cure.

A plan which covers these indications is, to remove all of the cervix possible as soon as the disease has been discovered. The best instrument for this purpose is the galvanic battery, with its caustic loop and porcelain burners. Since, however, on account of the expense, the bulk, and the limited range of usefulness of this apparatus, few physicians will care to purchase it, I shall confine my remarks to the wire-deraseur (Fig. 17), which is very generally adopted as its substitute. In the adjustment of the loop of this deraseur certain very neces-

FIG. 17.

sary precautions must be taken. The cervix should be noosed only while the womb lies in its natural position; for if the latter be first dragged down by the volsella, as is often recommended, the vagina becomes partly inverted, and the cervix is made to appear longer than it really is. Hence the operator is very likely to slip up the wire-loop higher than it should go, and may, therefore, include in its bite a portion of the bladder and of Douglas' pouch. To still further insure their safety, it is advisable to pass up the shaft of the deraseur in front of the cervix, where the insertion of the vagina is lowest, and then, by it to push up the womb before the loop is tightened. On account of the excessive vascularity of a cancerous cervix, the screw of the instrument should be turned very slowly.

If, upon the ablation of the cervix, any portion of the growth remains behind, it should be scraped away or dug out by the finger nails, or by sharply edged curettes or scoops. The instruments that I use have been made after Simon's pattern, but a very efficient curette can, it seems to me, be extemporized by heating red-hot the tip of a long and narrow spatula, and then bending it to a slightly oblique angle. If the surface is a large one, the hemorrhage attending this scraping process is somewhat free until healthy structures are reached, but the risk to life is trifling if care be taken not to encroach upon the peritoneum. Should the



womb be movable, this operation will be much facilitated by holding the stump of the cervix steady by means of the volsella forceps. A cotton tampon, such a one as described at page 5, is then charged with the dry subsulphate of iron, or with a glycerole of the same, and pushed up against the raw surface, where it is to remain for twenty-four hours. Vaginal injections of warm and saturated solutions of the chlorate of potassa should be made twice or thrice daily. I prefer warm water to cold, because it dissolves a far greater amount of this salt. During the healing process, any tendency to cicatricial closure of the cervical canal is to be met by the occasional use of the dilator. After one or two weeks have elapsed the speculum should be introduced, and every vestige of the disease thoroughly cauterized with fuming nitric acid. If need be, this application must be repeated over and over again at intervals of about a week. For many consecutive months the patient should be put on the use of iron, arsenic and ergot—the iron to build up the system; the arsenic to repress the tendency to reproduction and to systemic poisoning; the ergot to starve out these growths by shortening their rations of blood-pabulum. From this treatment much cannot be expected in the way of absolute cure. But the immediate effects have been extremely satisfactory to all the parties concerned. Life has been prolonged and rendered endurable; the hemorrhage has been stayed; the fetid discharge arrested; the appetite restored, and a bed-ridden patient once more put on her feet. Even when the womb is firmly fixed, from extension of the disease to points beyond operative reach, yet much will be gained by the removal of all the growth possible.

Whenever the wire-écraseur cannot be made to encircle the diseased structures—as for instance, when the ulcerations are too deeply excavating, or too extensive, or the cervix does not project sufficiently—then the friable portions of the mass should be broken off or scraped away by the finger nail or the curette, and the surface well swabbed with nitric acid. The previously given form of constitutional treatment should be adopted. Sexual intercourse must be absolutely forbidden, for attempts at coitus are frequently followed by serious hemorrhages. From the very repulsive nature of this disease, this caution may seem unnecessary; but the

fact is, that the sexual appetite of the woman is often greatly increased by a pruritus vulvæ and by the excessive vascularity of the reproductive organs. With regard to other local treatment besides the nitric acid, Dr. Burrow, of Königsberg, has given such unqualified praise to the continuous application of the chlorate of potassa in substance (*Lancet*, April 12th, 1873, p. 525), that I shall certainly give this drug a fair trial, and meantime, recommend it on his authority. He sprinkles the sore with the chlorate, and then covers the whole with a wet compress. As the crystals exert a more powerful action than the powder, he first uses the latter, and replaces it by the crystals when sensibility has abated. With alleged success, pepsin in powder has lately been applied to these cancers in pretty much the same way, but with it I have no experience.

In addition to the means employed by the physician, the patient herself should be taught how to check the constantly recurring hemorrhages. This she will very generally be able to do by injections of ice-water into the vagina, by cotton-wool tampons containing tannin, or the subsulphate of iron, either in the form of a dry powder or in that of a glycerole, or charged with a paste made by thickening a saturated solution of alum with tannin. These tampons or suppositories should, by the way, be removed, as a rule, in from two to three hours; for if left in longer, they may become so adherent to the warty surface of the cancer, as in their removal to tear off the more friable portions, with a renewal of the hemorrhage. Vaginal injections of any of the astringents, as strong as they can be borne, will also prove of service. When pain is present, morphia may be incorporated with any of the above washes and suppositories. A very handy instrument for the woman to use, in making a prolonged contact of styptic or deodorant fluids to the cervix, is a glass tube like the vaginal portion of a Ferguson speculum, to one end of which is attached a rubber bulb.

To correct the horrible odor, vaginal washes containing alum or carbolic acid, the hydrate of chloral, or the chlorate or the permanganate of potassa, will be found extremely useful. Of these the hydrate of chloral has my preference, because it is not only an admirable deodorant and antiseptic, but a very prompt local anæsthetic. The plan by which I have best succeeded in

making my patient the least disagreeable to herself and to her friends, is the frequent use by day of some one of the above washes, and at night the introduction of a suppository containing a few grains of chloral, or of the chlorate of potassa. Whenever the disease is far advanced, and the patient's sufferings are very acute, her euthanasia is all that is left to the resources of art. Anodynes should, therefore, be given without stint, in any way, shape or form the sufferer may prefer. For the agonizing pains in the back, so common in advanced stages of the disease, the promptest relief will be gained by a hypodermic injection of morphia, but a more permanent one sometimes follows the use of dry or wet cups over the sacrum, or the application of a few leeches. For the suppression of the secretion of urine, occasionally seen in women suffering from this cruel disease, Martin, of Berlin, states that there is nothing better than small doses of the iodide of potassium.

[To be Continued.]

PARALYSIS OF THE PORTIO DURA TREATED WITH ELECTRICITY.

BY DR. ISRAEL CLEAVER,
Of Reading, Pa.

The following is presented as an example in which efficient and prompt therapeutic effects of electricity were exhibited:—

Mr. M—A—, aged 20, by occupation a hatter, presented himself at my office, suffering with paralysis of the *portio dura* of the seventh pair, and giving the following history of its origin. On the 13th of October, 1873, he was seized with a peculiar pulsating pain immediately posterior to the right ear, of about five minutes' duration, and repeated three or four times during the day. This occurred daily until on the morning of the 16th inst. he observed as additional a sensation of "heaviness" of the right side of the face, and in the afternoon he felt a "weakness" in the upper lip of the same side. On the morning of the 17th he was unable to close entirely the right eye, and in the afternoon of the same day, on attempting to play the clarinet, he found an utter loss of power in the right side of the mouth, preventing any performance on that instrument. He plays a bass horn in a military band, and was also incapacitated for this service. At the same time there was regurgitation of fluid out of the right angle

of mouth when drinking, and food collected between the jaw and cheek of same side when eating. Despite the *homœopathic* treatment under which he placed himself the "heaviness" and "weakness" increased until the 20th, the date of his first visit. At this time he presented the characteristic symptoms of Bell's palsy, such as a "rigidly composed" (Da Costa) facial expression of right side, inability to close the right eye more than about half, to expand right nostril or to purse up right angle of the mouth; in fact there was total paralysis of the orbicularis oris muscle on the right side. The sense of taste of the right side of tongue was impaired, the *palatine arches*, however, being unaffected. Had no defect in articulation, vision, or hearing, no vertigo or pain, save the pulsation before spoken of. Sensation normal with the left. Deeming this a case in which electricity was pre-eminently indicated, trial was first made with the induced current, showing very much diminished *farado-muscular excitability*, but increased *electric sensibility* (comparing the two sides of the face). The *primary* or galvanic current produced very slight contractions on opening or closing the circuit, and only eight cells of the improved Stohrer battery, as made by the Galvano-Faradic Manufacturing Co., N. Y., could be tolerated, while a greater number was easily borne on the left side.

The induced current manifesting equal effects with the galvanic, it was chosen for treatment, especially as the palsy was peripheral. The machine of the above named company enables you to employ slow interruptions of the current, which in this instance caused more energetic muscular contractions than the rapid, and hence employed, by placing one pole over the nerve at its exit from the stylo-mastoid foramen, and the other to the various affected muscles of the face. A very short application, with rapid vibrations, was afterwards made, using the hand as an electrode to the face. The first seance was of five minutes' duration, of such strength as to be perceptibly felt, but far short of causing pain, and two days after (22d) patient reports that in the morning before arising he could entirely close the affected eye but not afterwards. He had less of the "heavy" feeling, and could slightly draw up the right angle of the mouth, and the action of the right orbicularis palpebrarum was more prompt. Seance of

ten minutes given, and immediately after could elevate the angle of the mouth better than before. Electric *excitability* and *sensibility* about normal, and same as on left side, the affected muscles responding readily to the faradic current.

24th. No more regurgitations of fluid in drinking, or collecting of food between the teeth and cheek. Seance ten minutes.

26th. With some effort can entirely close the right eye, the lid moving quickly. Has almost entire control of right side of the mouth. No pulsating pains since last application. Seance ten minutes.

28th. Can close right eye equally well with the left. Still slight deficiency of power in the right side of the mouth, and the feeling of heaviness noticed only when cold air strikes the face. Seance ten minutes.

31st. Has perfect control of all the facial muscles. Played the bass horn last night as easily as ever. Taste of the right side of the tongue restored. When directed to inflate the cheeks the right is distended more than the left, showing still deficiency of power in the buccinator muscle of that side. Seance fifteen minutes.

November 5th. Reports no further difficulty in any respect, and no traces of the paralysis remains. Another seance of ten minutes given, since which patient seems entirely cured.

Comment on the above is not necessary. No remedy but electricity was used, and the above is interesting in the exhibition of a very rapidly progressive improvement and cure, of *facial palsy by faradization*.

A CASE OF HOUR-GLASS CONTRACTION OF THE UTERUS BEFORE DELIVERY.

BY J. TRUEMAN DAVIS, M. D.,

Of West Point, Kentucky.

On Nov. 15, 1872, I was called to visit Mrs. K. On my arrival found my friend, Dr. J. W. Fletcher, of this place, in attendance. He informed me that he had been called on the evening previous, that the woman was in labor at full term, and that he had, on making a digital examination, found the head presenting, and nothing whatever indicating any trouble. Some time after he found the os to be fully dilated, and in a short time the occiput had passed the pubic arch. Immediately after this Mrs. K. com-

plained of feeling faint, and of an undescribable pain; the head at once receded within the pubic arch, and the uterus lost its force. On examination I found the head presenting, the neck of the uterus firmly contracted around the neck of the child. Several tumors were found in the vagina. Dr. Fletcher and myself diagnosed the case as one of hour-glass contraction complicated with tumors of the vagina, and decided that the best mode of delivery was by the forceps. We sent a messenger after Dr. H. K. Pusey, of Garnettsville. He examined the patient, and fully agreed with us in diagnosis, also as to the means of relief.

Mrs. K. was then placed in proper position and chloroform administered by the writer. Dr. Pusey applied the forceps, assisted by Dr. Fletcher, and delivery was soon effected. Some of the tumors were extirpated. The patient rallied very well from the operation; was placed back in bed in a comfortable position and opiates administered.

At the time we left she was feeling as well as a patient could possibly feel under the circumstances, in fact she expressed her belief that she would soon be able to be up. I saw her no more until Nov. 20th. I had been informed, however, by Dr. Fletcher, that she was doing well.

I was called again to see her, on the 20th, with Dr. Fletcher, who told me she had been growing worse for two or three days, and that he feared she would not recover. She was suffering with puerperal fever, bowels very tender and tympanitic, fever very high. Turpentine was applied over the bowels, and quinine, opium and veratrum viride exhibited. A very foetid discharge proceeded from the vagina; for this, cloths saturated in a solution of carbolic acid were applied to the vulva. We ordered a mild but nutritious diet. I saw her again the next morning, with Dr. Fletcher; found her much worse, prognosis unfavorable. We both saw her again in the evening, and found her failing fast; she died a few hours after.

The above case has interested me much, as it is the first that I have ever encountered, and my friends, Drs. Pusey and Fletcher, each of them excellent and worthy physicians, stated to me that they had neither of them ever previously met with such an instance. In consulting such authorities as I have access to, I cannot find any account

of a case just like it, or even approaching to it. If similar cases to the above have occurred in the practice of other physicians, I have so far failed to see them reported.

INCISED WOUND OF THE ABDOMEN.

BY THOS. A. DURGAN, M. D.,
Of Darlington, S. C.

On the 10th of December, 1870, a very cold day for this latitude, I was hastily summoned to visit Mr. Henry Blackman, of this county. When I first saw him and examined his wound, I considered the case utterly hopeless. He appeared to be moribund, with scarcely any pulse, in a cold, clammy perspiration, and all the indications of rapidly approaching dissolution.

He was lying on the floor, with a gash in his abdomen, and his protruding intestines were covered with sand and dirt. After administering a full dose of anodyne, conjoined with a stimulant, I proceed to examine the nature of his injuries. I found that he had received a very severe punctured wound in the left side, just below the last rib, which caused a large portion of the descending colon and the accompanying omentum to protrude. The cut was four inches in length, or perhaps more; the tumor formed from the protruding bowels and omentum was as large as a child's head. He had ridden on horseback five miles during this bitter cold weather, to get to surgical assistance, holding his bowels and omentum in his hands, as best he could; and it is no wonder the protruding bowels had assumed such large proportions.

After carefully washing off sand and dirt, I proceeded to reduce the extrusion, and found so much difficulty in doing so, that I was compelled to enlarge the original opening. After doing this, and turning him on his right side, and using gentle and persistent manipulation, I succeeded in reducing the bowel and omentum. I took six interrupted sutures, and placed a compress and roller bandage over the wound, put my patient on *absolute* diet, gave as much anodyne as he could well bear, kept the lower bowels open with mild enemata, made him lie mostly on the right side, and in four or five weeks he had perfectly recovered.

He received his terrible wound from a knife in an encounter with a drunken negro. I attribute his remarkable recovery more to his inherent bravery and youthful vitality

than to treatment. When he was giving what he supposed was his dying testimony and his last affidavit as to the cause of his supposed fatal wound, and indicating all the attending circumstances, he was just as calm and collected as if there was nothing the matter with him.

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.—CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS.

January 9th, 1874.

Hæmatocele—Non-Interference and Fatal Result—Interference and Fatal Result.

GENTLEMEN:—I have a very interesting case before you, both in diagnosis and in treatment. Mrs. E. D., æt. 25, married, one child fourteen months old. I give you her history as near as possible in her own words. She says that two months ago she became sick at her stomach, and this nausea has continued to a greater or less extent up to the present.

Last Christmas she went to church, and when there fainted, but rallied sufficiently to walk home. Since that time she has had severe pain in both of her sides, and a very severe pain in the back. At times she is feverish and has headache. These are all the symptoms the patient gives us, and the case is of interest from the little knowledge we obtain from that quarter.

Vaginal Examination.—When the finger is carried into the vagina we have a large mass pressing down posteriorly; the uterus itself is carried up anteriorly against the pubes. This mass blocks the vagina up. When it is pressed on we find it to be completely solid, which shows that in all probability it is not a fibroid tumor. There is a condition of affairs which it might be, though I think it is not, and that is an extra-uterine pregnancy. A tubal pregnancy might become dislocated and fall down into Douglas' cul de sac. If this were so it might be pushed up; this is firmly fixed.

Hæmatocele gives to the fingers the sensation of creaking when it is felt, as well as that of a sac full of fluid. The crucial test, which I do not propose to use here, because I feel so certain, is the hypodermic syringe. If it is a hæmatocele a red fluid should be withdrawn, closely resembling cranberry jelly.

This disease is exceedingly likely to puzzle the practitioner. I know it has again and again puzzled me, and it cannot be tested with utter positiveness without having recourse to the crucial test I have mentioned.

When the blood effuses into the abdominal cavity and settles down into the cul de sac, a crust forms around it from coagulation

of the fibrine on the periphery. Now it may occur, as indeed it has, that this may rupture and the blood again pass into the abdominal cavity, and cause peritonitis and death.

Treatment.—The treatment is exceedingly unsatisfactory. You can, maybe, the more easily understand this when you consider the discussion which took place at the London Obstetrical Society, as to the merits of interference and non-interference. Dr. Barnes and Dr. Meadows were at issue on the subject. My own experience at present leads me to the view to let them alone. I did not always think so, as you will find from a case I will relate in which the aspirator was used. I was led to do this from another case which died from non-interference. I saw the patient and sent her to the Woman's Hospital. Not long after her admission, the House Surgeon sent me word that the patient was dying. At the post-mortem it was found that the cause of the trouble was the rupture of the crust of the hæmatocele, allowing the escape of the contents into the cavity of the peritoneum. Not long after this I met the case I referred to first, and from the unfortunate issue, the case just mentioned, I deemed it advisable to operate. I inserted the aspirator needle and removed the contents of the hæmatocele. When the patient had been operated on, and the fluid removed, the friends were overflowing with gratitude, but in twenty-four hours the patient died in collapse. From the recital of both these cases you can understand the unfortunate difficulties in the way of treatment. I must say that this last case is the only one of the kind I ever had, and might be considered as not doing justice to the operation.

However, my own experience has decided me to let them alone, unless there is some severe cause for the operation. In the case before us the chances are ninety out of a hundred that she will get well. While there is danger of rupture, there is greater danger, I think, in evacuating the contents. Should signs of septiciæmia develop, the evacuation should then be decidedly indicated, and for this purpose the aspirator is undoubtedly the best.

Pregnant Uterus Apparently Without an Os Uteri.

Mrs. S. æt. 40, married seven years, sterile. About four months ago the patient became pregnant. Her physician doubted it at first, but time proved the suspicion to be correct. On examining the patient no os uteri could be discovered. The uterus was apparently normal in other respects. By anæsthetizing the patient, and carrying the hand into the vagina, an opening could be discovered high up the vagina, and posteriorly. It could not be made out unless on the introduction of the whole hand. I have never before had an opportunity, in nineteen years, to present a case of this kind to the class, though including this one I must have seen about half a dozen. The explanation of the

case is, that from an abnormality in the development of the womb the os occurs, apparently, on the side of the cervix, and when pregnancy advances the side of the cervix takes the place of the os, and the os itself is found high up, near the junction of the vagina and cervix.

When labor comes on the action of the uterus will be to throw the presenting part against the cervix, but by judicious management this may be entirely overcome. Carry the hand sufficiently far up to allow the fingers to enter the os, then by pushing up the head, and pulling down with the fingers, the cervix will be dilated; the course of the labor will be much as in ordinary cases.

Pelvic Cellulitis.

A. B., æt. 20, married, has no children. During the last fortnight complained of pain over the lower part of the abdomen and along the thigh.

Vaginal Examination.—When the finger is carried in front and behind the uterus nothing is detected, but on one side of it there is a tumor which is painful on pressure, but cannot be pushed up. In pelvic peritonitis there is a fixation of the uterus, but in this case it is movable on one side. Again in pelvic peritonitis the pain is excessively severe, but we do not have that history here. It possibly might be hæmatocele of the broad ligament, but we will not consider that, as, so far, it has never been described.

It is pelvic cellulitis. An inflammation of the cellular tissue on one side of the uterus. There are two varieties of the affection, perimetritis and parametritis; perimetritis signifies an inflammation in the tissue around the organ, whereas parametritis an inflammation alongside of the uterus. This case is of the latter kind. I do not intend to trouble you with a recollection of the names, for I have a certain amount of difficulty myself in remembering which is which. This trouble which we have is that kind of fibrous tumor which some men cure by mercury, iodide of potassium, etc., whereas the truth is that if it is let alone it will take care of itself.

The treatment consists in the administration of tonics, etc., and general attention to the health of the patient. Externally, counter-irritation, either as small blisters or strong tincture of iodine, may be had recourse to.

Fissure of Anus—Leucorrhœa and Metrorrhœgia.

Rose S., æt. 20, married two years, sterile. Has been sick for the last year and a half. At first it was only the whites, but for the last six months has been losing blood. Every time her bowels move it feels as if everything was coming out.

Vaginal Examination.—On placing the patient in position, a fearfully profuse leucorrhœa is found pouring away from the uterus. There is found also to be a fissure of the anus. From the history of the case I was led to suppose that here we might pos-

sibly have a polypus, but nothing abnormal can be detected. The inference is that at first the disease was uterine catarrh, passing into chronic endometritis. At present, as a result, we have a fungoid condition of the mucous membrane. To prove this, the curette, formed of a loop of wire, was introduced, and five or six of these excrescences came away with the instrument.

Treatment.—For the uterine trouble, the free use of the curette will remove all of these bodies. A French authority thinks the curette a most barbarous instrument. But I have never met with an accident from its use. Indeed I do not know what I should do without it. In the present case I should expect to remove a teaspoonful with it. In respect to the anus, forcibly dilate with the thumb, and touch the fissure with strong nitric acid. I never cut the sphincter, and never had to operate on the same case more than twice.

It may be that the uterine symptoms are aggravated by a loaded colon, as these cases of fissure have embraced feces from the fear of voiding them, and if so, the cure of the anus will be of benefit to the uterus.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Dr. John J. Peters brought to the notice of the Society the recent death of its first Secretary, Dr. Wm. C. Roberts, and asked the chairman to nominate a committee to draw up fitting resolutions to be presented to the Society. Dr. Keyes appointed Drs. White and Peters a committee for this purpose.

Suspected Malignant Disease of the Peritoneum.

Dr. Peugnet presented the lungs, liver, spleen, kidneys and intestines of a case, with the following history: The patient had been a cook in New York, and had been able to discharge his duties as such up to a short time before his death. Three months ago he first came under medical observation, suffering from ascites. Towards the end of November the dyspnoea was so great that he was tapped, and three quarts of fluid withdrawn. This fluid contained a large amount of blood corpuscles. December 4th, died. At the autopsy the abdomen was found to be divided into two cavities, and each was found to contain this sero-sanguinolent fluid. The omentum was thickened, and the viscera adherent to each other. The liver was scirrhotic and fatty. There was no obstruction to the bowels. No microscopical examination had been made of the omentum, but to the eye it had much the appearance of malignant disease.

Epithelioma of Lower Eyelid.

Dr. H. Knapp presented a patient with epithelial disease of the lower eyelid, and

demonstrated the operation designed for its removal.

Myeloid Tumor of Vertebra Projecting into the Spinal Canal.

Dr. Knapp also presented a specimen which showed a tumor pressing in on the spinal canal. The history of the case was that the patient was suffering from symptoms of tabes dorsalis, but the true diagnosis of the case was not made out. At the autopsy it was found that the site of the tumor was the seventh dorsal vertebra. It originated in the body of the vertebra and projected into the spinal canal, horizontally, one-half inch, and vertically three-fourths of an inch. The envelope of the tumor was a fibrous sheath containing true bone cells and fat cells. It has thus not only the elements of the shaft of bone but also of the medulla.

Intussusception.

Dr. J. Lewis Smith presented a case of intussusception, of interest from the fact that it occurred in a nursing child. Death occurred 30 hours after seizure. The site of the disease was 12 or 14 inches above the ileo-cæcal valve.

Exsection of the Head of the Femur.

Dr. Lewis A. Sayre presented two cases of exsection of the head of the femur. The first was of ordinary interest, and took place at Charity Hospital. The patient was a little girl, of eleven years of age, much worn out by the exhaustive suppuration of the disease. The head of the femur and acetabulum were both involved, but after being operated on she made a good recovery, but with considerable shortening. The most interesting point in the case was the rapidity with which she recovered after the source of suppuration was removed.

The next case was a boy, eight years old. The thigh was flexed and adducted to such an extent that it was difficult to say whether the case was one of diastasis or morbus coxarius. The region of the head of the femur showed sinuses, with necrosed bone. A point of interest in this case was, that although the child had been exposed to a long period of the disease, his general health had not deteriorated. Dr. Sayre attributed this to the fact that the flexion and adduction of the limb had caused the diseased portion to be the most dependent, and for this reason the drainage was nearly perfect, and there was no burrowing and accumulation of pus. When the patient was operated on, quite a strange condition of affairs was discovered. The greater trochanter was gone, also the acetabulum, but strange to say the head of the femur was present. Again, that portion of the neck which, from the position of the limb rubbed on the ilium, was found to have formed a cartilage, the beginning, apparently, of a new joint. This new cartilage was developed in close propinquity to the diseased bone. In answer to a question, Dr. Sayre said that he knew of no special time for the removal of the diseased bone.

When the cartilages were destroyed, it was high time to operate.

New Appliance for Making Traction in Dislocation of the Elbow.

Dr. Sayre was permitted to exhibit an instrument, which was in reality an Indian toy, on an enlarged scale. The toy referred to was that found at toy shops and Indian curiosity stores, which consists of a small cylinder of wicker work, so woven that traction on it diminishes its calibre. It has been advised by Dr. F. H. Hamilton for putting on the thumb and making traction in dislocation of the thumb. The modification shown by Dr. Sayre was large enough to allow the hand and forearm to be embraced. The case in which it was used was an old dislocation of the elbow. Pulleys had been used previously, but were found inoperative, from the fact that, though the force was strong and steady, it could not be changed in direction. By making counter-extension with a sheet around the patient's body, and extension by means of one or two strong men, the force could be used to extend the arm, and then really to bend it back; then, by forcibly flexing the elbow, using the operator's arm as a point of resistance, the luxation was reduced. The only advantage in the instrument was its power of grasping the forearm. It does this perfectly; the greater the tension, the tighter does it hold, the interstices of the wicker serving to prevent any slipping.

Infarction of Lung.

Dr. Finnel presented a specimen of lung taken from Walworth, the victim of the Walworth tragedy. The specimen had deteriorated considerably from being kept so long in alcohol and carbolic acid. It was about the size of a large pea, and showed the appearance, on section, of concentric deposition. Dr. Loomis wished to know whether or not there was any heart lesion, but none had been discovered. It was situated in the lower part of right lung, and had been of considerable standing; so much so, indeed, that it was hard to say positively what was the proper pathology of it.

NIAGARA COUNTY, N. Y., MEDICAL SOCIETY.

The semi-annual meeting of the Niagara County Medical Society was held January 6th, 1874, at Lockport, N. Y.

The committee on the "Sanitary Effects of Drainage" in Niagara County, created by the request of the State Medical Society, Dr. Palmer Chairman, made a partial report.

Later, the society, as a committee of the whole, considered the subject of "Typho-Malarial" Fever, as developed in Niagara County during the past season.

The causes, etiology, symptoms, diagnosis, prognosis and treatment, were thoroughly discussed. Drs. Clark, Palmer, Fal-

ling, Foot, Davison, McCollum and Huggins, took part in the discussion.

An interesting letter, through the kindness of Dr. Lenord, was rendered for the benefit of the Society, on the subject of the fitness of filtered canal water for drinking and culinary purposes.

Dr. Foot presented a report from Dr. Tabor, of Wilson, on a case of pneumonia.

On the subject of monstrosities, Dr. Huggins presented the description of a rare and peculiar anomaly occurring recently in his practice.

Dr. Palmer also described a case recently observed by him of semi-amputation of the thigh *in utero*.

The society adjourned to the first Tuesday in April.

W. Q. HUGGINS,
Secretary *pro tem*.

CHENANGO COUNTY, N. Y., MEDICAL SOCIETY.

The Annual Meeting of the Chenango Medical Society was held at Norwich, January 13th, 1874. The Society was called to order by the President, Dr. H. Halbert.

The committee appointed at the last meeting to present resolutions on the death of Dr. Blin S. Sill, reported resolutions of respect.

Dr. Crumb, through the Business Committee, presented an interesting case of abscess of the liver. Dr. Avery a case of retention of the urine. Dr. Lewis a case of puerperal convulsions, and Dr. E. S. Lyman a case of hydatids.

The discussion that followed the presentation of these cases elicited many practical suggestions, especially the one by Dr. Lewis on Puerperal Convulsions. The different modes of treatment in Eclampsia had their several advocates. While chloroform, digitalis, bromide of potassium and hypodermic injections of various drugs, especially morphia sulphate, were recommended, yet it seemed to be generally considered that the very act of convulsion itself could, and often did produce a condition of the cerebral circulation which, if not relieved, would result in other serous or sanguinous effusion, or both, and that for this condition blood letting was the only effective remedy.

The following officers were elected:—

President, Wm. H. Stuart; Vice President, G. O. Williams; Secretary, D. M. Lee; Treasurer, Geo. W. Avery.

Old-time Physiology.

Dr. Robinson, Professor of Anatomy and Surgery in Dublin from 1716, wrote the "Animal Economy," a book in which mathematics is applied to physiology. It is arranged in forty propositions, and the thirty-seventh is as follows: "The fibres of animals are stronger or weaker as the air abounds less or more with watery vapors or putrid exhalations, or more or less acid particles, or as it is colder or hotter."

EDITORIAL DEPARTMENT.

PERISCOPE.

The Secondary and Tertiary Syphilitic Lesions.

In a lecture at St. Mary's Hospital, reported in the *British Medical Journal*, Oct. 11, 1873, Mr. S. A. LANE, F. R. C. S., remarked:—

In consultation with surgeons who have brought to me patients suffering from different forms of constitutional syphilis, and also at the College Pass Examinations, both for the membership and fellowship, I have been much struck by the confused and unsettled state of opinion manifested, both as to diagnosis and treatment, in these affections. The difficulty does not appear to be in the recognition of the case under notice as one resulting from syphilis, but in deciding whether it should be classed with the group of secondary or tertiary symptoms; and, when this is settled, to know whether iodine or mercury should be the remedy to be depended upon. The answers I obtain to my questions also would lead me to suppose that it was considered immaterial which of these two remedies should be administered, and that each was equally beneficial, or almost so, in either of these groups of symptoms; or that a combination or an alternation of the two remedies was the best mode of treatment in the majority of cases. Knowing as I do that, in tertiary syphilis, mercury is especially injurious, while the iodide of potassium acts like a charm in alleviating the symptoms; and again, that, in the secondary state of the disease, while the iodide of potassium will be of little or no use, mercury will prove to be the sheet-anchor; it seems to me so essential that clear and distinct notions should be had on these points, that I have determined to place before you tables of each group of symptoms, from these two classes of affections respectively.

TABLE I.—*Morbid Changes observed in Secondary Syphilis.*

Affections of Skin.	Erythematous—Roseola; Papular—Lichen; Tubercular—Tubercles that may degenerate, ulcerate, or encrust; Scaly—Psoriasis, Lepra; Pustular—Ecthyma.
Affections of Mucous and Semi-Mucous Membranes.	Superficial, white, aphthous-looking ulcers on the tonsils, soft palate and fauces; Superficial Ulcers on the sides of the tongue and angles of the mouth; Mucous Tubercle, or Condylomata, on semi-mucous surfaces; deep excavated ulcers of tonsils.
Iritis; Muscular Pains; Arthritic Pains; Pains in bones; Periostitis; Nodes.	

The above table contains the principal af-

fections of constitutional syphilis, termed secondary, in which the venereal poison still exists, and may therefore be communicated by cohabitation and transmitted to the offspring, and in which mercury is beneficial and iodine of but little or no service.

TABLE II.—*Pathological Conditions in Tertiary Syphilis, Syphilitic Cachexia, or Sequelæ of Syphilis.*

Inflammation of Fibrous Membranes.	Periostitis, resulting in nodes; Caries and necrosis of bone; Affecting fibrous tissues of joints—Arthritis; Fibrous tissues of testicle—Orchitis; Fibrous tissues of globe of eye—Scleritis.
Affections of Skin and Mucous Membranes.	Eruption; Cachectic ulcers of skin; Rapid ulceration and sloughing of the soft palate, fauces, pharynx and larynx; of the rectum, vagina, nymphæ and labia.
Deposits of fibro-plastic lymph, imperfectly organized.	In the areolar tissue (subcutaneous or submucous tubercles); in muscular tissue, more frequently met with in the tongue, and occasionally in other muscles; also met with as post-mortem appearances in the liver, other kidneys, lungs, and spleen, viscera.
Lardaceous and Waxy Deposits.	Occasionally found in the post-mortem examination of the bodies of persons of dissipated habits.

In this table will be found enumerated the pathological changes which present themselves occasionally in patients who have passed through the primary and secondary stages of syphilis, and whose constitutions have become changed and deteriorated thereby, but who are no longer syphilitic; that is to say, they do not contaminate those with whom they cohabit, and their children will be free from syphilitic taint. The remedies required in these affections are especially iodine and sarsaparilla, and mercury is injurious.

On Croton-chloral Hydrate.

This new remedy is thus described by Dr. OSCAR LIEBREICH, in the *British Medical Journal*:—

When chlorine gas acts on aldehyde, croton-chloral is formed, as has been demonstrated by Dr. Krämer and Dr. Tinner. In order to avoid a mistake which is apt to be caused by the name, I must here remark that this body possesses no relation whatever to croton-oil, although its chemical constitution proves it to be the chlorated aldehyde of crotonic acid. Croton-chloral differs in its outward appearance from hydrate of chloral, by its being dissolved with difficulty in water, and by its crystallizing small glittering tablets. Its action, though similar to that of hydrate of chloral, differs widely from the latter with regard to its physiological

effects. Four grammes, or a drachm, of this substance, dissolved in water, and introduced into the stomach, produce in the course of from fifteen to twenty minutes a deep sleep, accompanied by anæsthesia of the head. Whilst the eyeball has lost its irritability, and the nervus trigeminus shows no reaction whatever on being irritated, the tone of the muscles remains unaltered.

I have experimented with this remedy on maniacs during an attack of mania. They remained quietly sitting on their chairs in a deep sleep, their pulse and respiration being unchanged for two whole hours together. If anæsthesia had reached so high a degree in consequence of the application of hydrate of chloral, the patients would have dropped from their chairs, and both their pulse and respiration would have been considerably retarded. I have seen croton-chloral acting in the same way on healthy individuals. In some cases of tic douloureux, the remarkable phenomenon is exhibited that pain ceases before sleep sets in. I am sorry to say, however, that this remedy acts only as a palliative in this dreadful disease. I nevertheless prefer its action to that of morphia, because it has effects as good as the latter remedy, without being so detrimental to the constitution in general. I have never observed any unfavorable effects of croton-chloral on the stomach or any other organ, although I have made frequent experiments with it.

The indications for the use of this remedy are to be found—1. In cases where hydrate of chloral is inapplicable on account of heart disease; 2. In cases of neuralgia in the district of the nervus trigeminus; 3. In cases where very large doses of chloral are necessary to produce sleep. I there recommend the addition of croton-chloral to hydrate of chloral.

Whilst examining the difference between the action of hydrate of chloral and that of croton-chloral, I have discovered the remarkable fact that it is not the first, but the second product of decomposition of the latter substance which is brought into action, on account of the first being too rapidly destroyed. Croton-chloral, when subjected to the influence of an alkali, first forms allyl-chloroform, a trichlorated body, which is rapidly decomposed into a bichlorated substance called bichlorallylene. Now, both chloroform and trichlorated substances act, as I have shown, in their first stage on the brain, in the second on the spinal cord, and in the third on the heart. The retardation of respiration is to be explained by the agency of these substances on the last mentioned organ. Bichlorated substances act differently, as is proved by bichloride of ethylene. Even if the circulation of the blood in an animal have been stopped by this latter agent for one minute, life may be restored by artificial respiration, which is impossible whenever trichlorated substances have produced this effect, in which case the muscles of the heart remain paralyzed. Well, in animals poisoned by croton-chloral to such a degree that both circulation and

respiration are stopped entirely, artificial respiration is able to restore the action of the heart immediately, and the life of the animal may thus be saved. Bichlorallylene, inhaled by the lungs, produces the same effect on animals as croton-chloral. We thus see these bichlorated substances acting on the brain, spinal cord, and medulla oblongata, but not on the heart, which explains the fact that both respiration and circulation remain unaltered in medicinal doses.

Methods of Surgical Diagnosis.

The eminent Mr. Erichsen, in a recent lecture reported in the London *Medical Times and Gazette*, says:—

There are three methods that you may employ. The first and simplest method, and happily in surgery we have very simple methods of diagnosis, is by finding one pathognomonic sign. By "pathognomonic" is meant a thing which of itself indicates the nature of a condition. For instance, a person complains of dimness of vision. You look into his eye, and you see an opacity of the lens. That of itself determines at once the nature of his disease, cataract. You need not ask him a single question or go a step further. Again, a person complains of trouble about the bladder. You introduce a sound, and you feel a calculus and hear it struck. Thus at once a single sign, and that sign a pathognomonic one, is determinative in itself and by itself, not only of the existence of a malady, but of the very nature of that malady. You determine by that single sign, not only the existence, but the very nature of the malady that exists. Well, in surgery always seek for the pathognomonic sign, and endeavor to determine, if you possibly can, at once and by a single sign, what the patient's lesion may be.

Now the second method in surgery consists in getting what may be termed a "pathognomonic group" of signs; that is to say, a set of signs which singly and individually are not indicative of any one given disease or injury, but which, taken collectively as a group, indicate incontestably the nature of some given injury or disease. Take, for instance, the case to which I have already alluded, of an elderly person being tripped up upon the floor and being unable to rise. You look at the limb and find that it is somewhat shortened, that it is everted, that the patient is unable to raise it off the ground, that he complains of considerable pain, and that you feel crepitus about the region of the hip. Now any one of these signs, shortening of the limb, eversion of it, inability to move it, and crepitus, any one of these signs is common to a variety of different injuries and diseases of the lower extremity; but the group, taking them collectively, is indicative of only one single condition, and that condition is fracture of the neck of the femur. Hence, although the individual signs may be untrue in themselves, so far as the determination of any given injury is concerned, they are abso-

lutely true, and incontestably so, when grouped together, in determining the nature of a particular injury. That is the second method, then, of effecting a surgical diagnosis, by getting a pathognomonic group of signs or symptoms, for it will do for either.

The third method is a very important one, and it is the method that was greatly employed in the French school of surgery, and the employment of which undoubtedly led to the high position that it occupied, and does occupy, as a diagnostic school. It is what may be termed the negative method, or what is termed by French surgeons the "method by exclusion." By this method you first of all ascertain what a thing is not, and then by excluding everything that is not, you arrive at last at what it is. It seems a roundabout way of arriving at the truth, but in point of practice it is an exceedingly simple way. Let me give you an illustration. A patient comes to you with a tumor in the scrotum. You are in doubt as to what it is. You examine it first of all by transmitted light. You find that it is not translucent; therefore it is not a hydrocele. You examine the upper part; you find there is no impulse on coughing, and that the cord is not covered; therefore it is not a hernia. You find that the cord itself is not enlarged, is not tortuous, and vermiform in its feel; therefore it is not a varicocele. Having removed hydrocele, hernia, varicocele from any possible tumor of the scrotum, what have you left? Why two conditions, hæmatocele and sarcocele. You find that it has not followed a blow, that it is not globular and uniform, that the scrotum is not discolored; therefore it is not a hæmatocele, *ergo*, it must be the last of these conditions, and that is a tumor of the testicle; a sarcocele. In that way, by determining what a thing is not, you speedily arrive at what it is; and this determination, in the hand and in the mind of a practiced surgeon is so rapid as to be almost instantaneous. The whole process is going through in his mind with such rapidity that as he lays his hand upon the part he feels for everything, and he finds that four out of five conditions are absent; and his diagnosis is made instantaneously, although it is made by that process of negation or exclusion, and though the steps that lead to it are apparently complicated.

The Treatment of Pneumonia.

Prof. LEBERT, of Berlin, in the *Medizinische Wochenschrift*, lays down the bases of the rational therapeutics of this disease. The patient ought to remain in bed, in a condition of quiet, with moderate warmth, and perspiration ought not to be encouraged. He ought to speak as little as possible, and drink neither too cold nor too hot fluids. In very weak patients, ether or small quantities of wine may be given with advantage. When the fever abates, seltzer water with milk may be given, and if the appetite is bad, bitters may be prescribed.

In the absence of any definite indication, it is better not to administer any medicine.

Indications for venesection are: pulse full and hard, or small and resisting, with marked dyspnoea, and a cyanotic condition of the patient, all of which point to great embarrassment of the pulmonary circulation. If there be rapid spread of the inflammation, marked cerebral symptoms, and distention of the jugular veins, blood-letting is imperatively necessary. But this expedient is absolutely contra-indicated in secondary pneumonia, in the typhoid form, in that arising in drunkards, and in epidemic or malarious forms of the disease.

When dyspnoea depends not on congestion of the lungs, but on excitability of the nerves, opium or quinia are to be administered. If opium checks expectoration, then quinia is to be substituted, especially when disproportionately high fever and tendency to typhoid symptoms exist. If an antipyretic effect is not produced by the use of the quinia, then cold baths may be tried, especially in the typhoid and alcoholic forms of the disease. If local pain be considerable, cold applications may be made to the chest, or small doses of opium or Dover's powder may be exhibited. If the expectoration be not ejected, tartar emetic or ipecacuanha are to be administered; in tendency to collapse, ammonia, camphor, or benzoic acid may be prescribed; in profound nervous depression, stimulants and musk. He recommends four parts of musk with two parts of carbonate of ammonia in sixty parts of rectified spirit, and twenty parts of distilled water, with four parts of oil of peppermint. During convalescence no medicines are commonly required, and all that is necessary is to caution the patient against premature exertion, and to prescribe a proper dietary.

Modification of Pirogoff's Operation.

Prof. WILLIAM PIRRIE, of Aberdeen, describes as follows, in his late work on surgery, his own modification of Pirogoff's operation:—

"The surgeon, standing on the left side of his patient, with the heel, in the first step of the operation, directed towards himself, and having with his left hand taken hold of the soft parts, and drawn them a little backward, so as to secure greater breadth of flap, inserts the knife on one side in front of the malleolus, carries it down across the sole of the foot, and upward to the corresponding point, just at the front and upper part of the other malleolus, taking care to direct the incision so as to pass opposite to the part where the posterior portion of the astragalus rests upon the calcaneum, and to use the knife energetically, so as to cut through all tissues down to the bones. By this single movement of the knife a clearance is made for the saw, by a few movements of which the portion of calcaneum behind the astragalus is speedily cut off

from the rest of the bone, the section being from below upward and a little backward, so that the portion remaining in the flap will be a little longer from behind forward, below than above. The assistant having slightly changed the position of the leg, so as to make its posterior part to rest upon the table, the surgeon, by a second movement of the knife, unites the extremities of the first incision by a slightly semilunar incision, using the knife boldly, so as to cut through every tissue in front of the bones, and then, by a few slight touches below, admits of the flap being brought back, and makes a clearance for the saw. By a few movements of the saw the bones are cut through immediately above the ankle, and this extremely simple amputation is completed by little more than two movements of the knife, and two sets of movements of the saw."

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By WM. LEISHMAN, M. D., Regius Professor in the University of Glasgow, etc., etc. Philadelphia: H. C. Lea, 1873. pp. 715.

This volume is a reprint from advanced sheets of the English edition. A careful perusal satisfies us that Dr. LEISHMAN has fully succeeded in presenting a "complete system of the midwifery of the present day." He has handled the whole subject in a manner to convince the reader that he is eminently familiar with all the modern works of merit. Amid the host of books teeming from the press, on this and kindred subjects, we cannot recall one which will surpass it in richness of detail, or in the attractive manner in which the subject matter is presented. The promise of the title is fully carried out, the author employing the word "midwifery" in its largest signification, as "that science and art which has for its object the management of woman and her offspring during pregnancy, labor, and the puerperal state."

On the subject of anæsthesia in labor, we are glad to see that our author takes conservative ground, unlike too many of our eminent accoucheurs, who recommend and even urge the employment of ether and chloroform, particularly the latter, in almost every case of labor.

On the treatment of Puerperal Eclampsia his views so fully coincide with our own

that we cannot refrain from giving a quotation: "The sedative and narcotic effects of this drug (hydrate of chloral) are well known; but it is not so generally understood that when it is pushed further, it produces an anæsthetic effect, under the influence of which a woman may be delivered without experiencing the slightest suffering. We can, without hesitation, corroborate much of what has been advanced of late in regard to the marvelous effects of this drug in the treatment of convulsive diseases. When given in what we may call ordinary sedative doses (not more than thirty grains), its effect is safe, and in most cases efficacious; but, should we think of giving larger and repeated doses, we should bear in mind that very alarming symptoms are occasionally produced, and that death has even been the result of what we might consider quite an ordinary dose." He quotes from the *Gazette des Hopitaux* as follows: "A woman of 21, pregnant for the first time, who had suffered for 15 days from oedema of the lower limbs and of the eyelids, from headache, somnolence, great weakness, and frequent calls to urinate, was admitted to the Hospital of La Charité, under the care of M. Bourdon. On her admission, a large quantity of albumen was discovered in the urine. Three days passed without any appreciable change in her condition, but on the fourth day a violent attack of eclampsia took place, which lasted for ten minutes. During the period of resolution, an enema, consisting of four grammes (a little more than one drachm) of hydrate of chloral, was administered, after which the patient almost immediately fell asleep. At the visit on the following morning labor had not commenced. Foreseeing the probability of a renewed attack, M. Bourdon had the injections prepared, each containing four grammes of chloral. The first was administered at ten o'clock in the morning, just as labor had commenced. The second was given two hours afterwards. At three o'clock the labor terminated, without the woman having experienced the slightest pain. On the evening of the birth a second eclamptic attack took place. A draught containing four grammes of chloral was at once administered; she had a quiet night, and no fresh attack occurred; the oedema rapidly disappeared, and the patient left the hospital fifteen days afterwards."

When treating of Uterine Inertia, he ex-

presses his views clearly and judiciously relative to the use and value of the forceps and of ergot, two agents upon which the profession greatly differ. While we agree with Dr. LEISHMAN as to the exaggerated belief as to the dangers of ergot, yet we believe that in too many instances the members of the profession prefer it when the forceps are indicated, and are, in fact, the only proper aid to be employed. It has been our lot on many occasions to be summoned in counsel with a practitioner who either did not possess a pair of these invaluable aids in the practice of midwifery, or was incapable or timid in their employment. We would not be understood as counseling a recourse to the forceps unnecessarily or indiscriminately, but observation has shown us that in too many instances nature is expected to take her course, when timely aid would have given great relief hours before, and not only have saved much suffering, but perhaps the life of a child, or have prevented the inception of dangerous sequelæ to the parturient female.

As usual, the publisher presents the volume in such a charming style, with such excellent typography, etc., that it is a pleasure to peruse it.

Transactions of the American Ophthalmological Society, Ninth Annual Meeting, July, 1873. Wm. Wood & Co., 27 Great Jones Street, New York, 1873. pp. 112.

In glancing over these "Transactions" we regret finding so few practical hints, such as would be appreciated by our country friends and the busy city physicians, who are always pleased in finding all practical matter selected concisely arranged, and transferred to our pages.

Before entering upon a critical examination, we pause to notice with commendation the letter of the late president of the society, Dr. Williams, of Boston (who by the way was honored, and the country he represented, by being Vice President of the last International Ophthalmological Congress, in London, 1872), to the committee, on the proposed monument to be erected in Berlin, to the late Professor Von Græfe, in which letter there was acknowledged a subscription of six hundred and twenty dollars, from gentlemen residing in other American cities, and of the society. Such international courtesies go to constitute a strong bond of union between the United States

and our European cousins, and are always appreciated and reciprocated by them in true fraternal spirit.

The first paper is "A Case of Intra-Ocular Glioma," in which the disease remained latent for twenty months after perforation of the cornea, by O. F. Wadsworth, M. D., of Boston, Mass. This is a very rare form of disease of the eye, in which the diagnosis panophthalmitis was made as the most probable. This case, with reference to the opinion of the other oculists of Boston, proves that, as yet, they have not made much progress in this department, no matter how carefully the symptoms were laid down, even considered characteristic, by the late Von Græfe, also to be found in the work of "Knapp on Intra-ocular Tumors," pp. 23-124. One stated that it was atrophy of the globe, and another chemosis of the conjunctiva of the left eye, and Dr. Wadsworth only discovered the true disease after the removal of the eye. The second and third papers are on "White Sarcomatous Intra-ocular Tumor," and "White Fusiformed Cell Sarcoma Enucleation" (of what?), by B. Joy Jeffries, M. D., Boston, Mass. These cases are of little value, as many such have been reported, and much more carefully related histories may be found, with plates, in Knapp's monograph before referred to. It strikes us as a little curious that such a society should not have a committee on malignant growths, whose duty would be either to confirm or deny the malignant character of all suspected specimens, by the microscope, before publication.

Article 4 is another of the same class.

Article 5. "Demonstrations of Pathological Specimens," by H. Knapp, M. D., of New York. These are four in number, and are all of interest to the pathologist, being well authenticated rare specimens, and are worthy of careful study by those interested, as they are from a master in his department.

Article 6. "Scleritis Depending on Gouty or Rheumatic Diathesis," by Henry D. Noyes, M. D., New York. No. 1. Gouty inflammation of the tissue of the orbits and eye balls, requiring iridectomy; relief by the operation, subsequent death, and autopsy, in which was found only acute inflammatory changes. This would seem to show that the plan of treatment by local active depletion and rest is the best. No. 2. Gouty kidney, dropsy, cachexia, acute scleritis, iridectomy, relief, afterwards relapse and cure

by iodide of potassium. In the acute form, leeches, cold water, and atropine and Rochelle salts.

Article 7. "A Case of Wound of the Sclera Treated by Suture," by T. R. Pooley, of New York. For the introduction of this method we are chiefly indebted to Dr. Thomas Windsor, of Manchester, England. The edges are adjusted and the wound in the sclerotic is united by a fine suture, the needle being made to pass through each lip of the wound from within outward, using a fine silk thread with a needle attached at each end; this is Mr. Bowman's method, and he has resorted to this procedure twice with success; in one case he first made an iridectomy.

Article 8. "Report of One hundred and fourteen Extractions of Cataract," by H. Knapp, M. D., of New York. These were made during the last four years, with a loss of thirteen eyes. In the losses he included all cases that could not count fingers at the distance of a foot. One hundred were operated on by Gräfe's method, with a loss of twelve eyes, thirteen by Weber's method, of which one eye was lost, six months after the operation. One eye was operated on by Le Brun's method, with S_{20}^{20} , but with extensive anterior synechiae. He has given up Weber's method, on account of its uncertainty, and follows Gräfe's with the following deviations: "The centre of the flap touches, or nearly touches, the upper transparent margin of the cornea. The section is as linear as Gräfe's, with partial return of the flap. "I *circumcise* with a cystitome that portion of the anterior capsule which corresponds to the whole space of the pupil, after a broad iridectomy has been made, and endeavor to remove the circumcised piece of capsule with the cystitome or the forceps." "Where I did not succeed, the piece of capsule mostly came out with the cataract. In expelling the lens, I gently depress the posterior lip of the wound with a broad spoon, and press upon the cornea from its lower margin upward, while an assistant steadies the eye with the fixing forceps."

Article 9. "Report of Twenty-five Cases of Median Flap Extraction," by Henry W. Williams, M. D., of Boston, Mass. These cases have been operated upon since October, 1872, the upward section being made according to Le Brun's method in nine cases, the lower section according to Liebreich in sixteen. Anæsthesia by etherization in all the cases.

One eye was lost by hyalitis; one could only see the time by a watch. Two other cases had partial closure of the pupil, and three will require a secondary operation. So that there were twenty-one obtained good vision, reading ordinary print, though in three patients the number of glasses was not recorded through inadvertence.

Article 10 and 11. "Herpes Zoster Ophthalmicus of the Left Side, Causing Loss of the Corresponding Eye, and Subsequent Loss of the Opposite Eye," by H. D. Noyes, M. D., of New York. In the tabulated cases of Hybord, ninety-eight in number, no case of loss of sight in both eyes is related.

In article 10 two cases of the same disease is related by Dr. Jeffries, destroying the eye. Dr. Hybord concludes his analysis of 98 cases: "1st, ophthalmic zóna is a herpetic eruption developed over the territory of the first branch of the trigeminal; 2d, ocular alterations coexist with the cutaneous eruption, the most important of which are keratitis and iritis. These may exist together or singly; keratitis more frequently than iritis." Dr. J. regrets not being able to add something satisfactory in reference to treatment.

In our own treatment of "shingles" we have found nothing so valuable to relieve the pain as the hypodermic use of morphia and atropine, while the eruption upon the face and near the eye is painted with tincture of iodine, so that if it is confounded with erysipelas, which it is apt to be, no harm can result to the patient. Nitrate of silver has been found to add to the patient's pain and discomfort, while it is proper to use a solution of atropine to relieve irritation of the nerves.

We have two suggestive papers, by Dr. Darby, of Boston, and Green, of St. Louis, in anticipation of the International Ophthalmic Congress, to be held in New York in 1876, on the importance of an accurate record of all operations for cataract, and the results of the same, with a cataract register, with the form of the corneal section.

We conclude our notice by stating that the other papers are valuable, but not of a practical character, with the exception of the last, which we shall publish with its illustrations, being a description of some new and valuable instruments, which are of interest to all the members of the medical profession, who now all treat, examine, and the majority even perform, the minor operations on the eye and its appendages.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEB. 7, 1874.

D. G. BRINTON, M.D., Editor.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE PHTHISICAL CONSTITUTION.

An interesting question, related to the general advantages of physical exercise, has been discussed recently by the English writers.

The old idea that a person with narrow chest, stooping shoulders, and thin limbs is peculiarly liable to consumption, while one with ample thorax, erect figure, and full muscular development is not in danger from it, must be materially modified. The death from this disease of the prize-fighter HEENAN—probably in his best days the most magnificently formed man in England or the United States—illustrates that no amount of muscular training is a guarantee against the tuberculous change.

In his work on *Diseases of the Chest* (p. 221), Dr. WATERS, of Liverpool, speaks very decidedly on this point. "We cannot say," his words are, "that there is any conformation of the body which is characteristic of the phthisical. I have seen men and women with the best developed frames, and with the most ample chests, attacked with phthisis."

Similar statements have been, since Dr. WATERS wrote, urged on the attention of the profession by Dr. WILKS, of London. The fact is, that tubercular patients, the persons who most frequently die of phthisis, are well made, have a good skeleton framework, straight limbs, a good chest (a little flattened perhaps), good teeth, and an active, intelligent mind. The patients, moreover, as a rule, dislike fermented and alcoholic beverages and fats, but are fond of active bodily exercise. But these proclivities, if greatly indulged in, tend to accelerate the onset of pulmonary consumption; for, be it observed, tubercular disease of the lungs shows itself at that period of life when the respiratory apparatus comes into more active employment.

Dr. WILKS characterizes as erroneous most of the views on this subject entertained by some members of the medical profession,

but more especially by the extra-professional practitioners of the healing art. These erroneous opinions are that tubercular subjects are underbred, small, and have ill-formed chests, which require to be developed by active exercise and the respiration of over-oxygenated air.

From these Dr. WILKS entirely dissents, and asserts that the tubercular patient has not ill-developed lungs which need extra physical exertion to bring them into a normal state, but agrees with the late Dr. BARLOW, who held the opinion that tubercle was developed in an organ according to its functional and vascular activity. This opinion is confirmed by the observations of ROKITSKY, who has found that cyanotic patients—that is, those persons in whom there is an habitual preponderance of venous blood—are remarkably free from tubercular disease of the lungs, and that persons who have disease of the heart, or any malformation of the chest which entails a deficient arterialization of the blood, possess a similar immunity from this affection. He even says: "Nay, it is an important fact that with the establishment of a deformity of the spine in the shape of a gibbosity, even when owing to tuberculous caries of the vertebrae, the tubercular crasis is forever rooted out, in consequence of the narrowing of the thoracic spaces."

In spite of this, and the well-known fact that many persons who have indulged in great physical exercise, as boating-men and athletes, frequently die of acute phthisis, many writers advise physical exertion for tubercular patients. Quite recently a physician has advanced the hypothesis that tubercle is unconsumed carbon, and recommends physical exercise for its oxygenation and consequent removal. On the other hand, other observers have endeavored to show that consumptive diseases are aggravated by an excess of oxygen. Whatever may be the value of these theoretical speculations, it will be found, as a matter of fact, that persons

suffering from tuberculous disease of the lungs are benefited by rest and injured by severe exercise. Rest, combined with a nutritious diet, may yet be found to be the best for consumptive patients. The beneficial influence of rest to a diseased lung may often be observed in cases where an abscess of the pulmonary tissue has perforated the visceral pleura and evacuated itself into the pleural cavity, giving rise to collapse of the lung and consequent repose.

The value of climatic peculiarities is also undergoing a new estimation. Cold climates, even markedly cold and wet climates, such as that of the Hebrides and Iceland, are asserted to be more advantageous than warm ones, especially than those which are moist and warm.

NOTES AND COMMENTS.

Diagnosis Extraordinary.

A Dr. R. Lewins, has recently written a book on *Life and Force*, rampant on physical theories. His diagnosis of an event in Sacred History is quite characteristic. It is as follows:—

"The conversion of Paul resolves itself into an apoplectic attack of the nature of sun-stroke with temporary amaurosis, a very common sequel to protracted cerebral tension and excitement; the probable proximate cause of the paroxysm, the active symptoms of which only lasted three days, being exposure to the noon-day blaze of an Eastern sun."

Extreme Darwinism.

Colonel Marshall, of the Bengal Staff Service, lately wrote an account of the Todas, one of the aboriginal tribes of India. The Colonel is evidently a Darwinist to the core.

"Formerly it was the custom among the Todas to kill female children, one or two girls being considered enough in a family, but the practice has now died out. An old woman used to take the child as soon as it was born and suffocate it by pressing a cloth over its mouth and nostrils. For this she received four annas, which is equal to sixpence. Colonel Marshall accounts for the present disparity of numbers between the

sexes by supposing that the result of long continued infanticide has been to create a male-producing variety of man."

Quinine Pill Mass.

M. Berquier, of Provins, in the *Reper-toire de Pharmacie*, suggests the following formula for a quinine pill mass:—

R. Sulphate of quinine,	30 grains.
Powdered gum,	5 "
Glycerine,	10 "

Mix the gum with the glycerine and then incorporate the quinine, beating it well in a mortar.

This is said to give a mass of good pilular consistence, which retains its softness, and can be easily rolled into pills. It can readily be worked up with other ingredients, and is not bulky. Three grains of this mass are equal to two grains of sulphate of quinine.

The Atomic Theory.

An able article in the *Saturday Review* presents the reckless assumption of finality by the atomic theory in forebode argument, as follows: "The point in dispute is, whether the hypothesis of the truth of the atomic theory is necessary to explain chemical phenomena, and whether it is sufficient to explain the phenomena of physics. And here evidence is sadly against the theory. The chemist must remember that his methods of analysis are no longer the subtlest that we have. The spectroscope and the polariscope tell us of structure and heterogeneity where the chemist finds only uniformity. He would have us believe that iron is nothing but an agglomeration of like atoms without definite arrangement. In however small quantities it be, its properties are the same; no combinations into which it enters suggest the idea that it has been resolved into component elements, so that he would have us believe that it is composed of uniform atoms, like and indivisible. But the spectroscope tells us a different tale. It shows us that these pretended atoms, when heated sufficiently, send off scores of different kinds of light, each kind perfectly definite and separately recognizable; and as we know that each of these must have a different rate of vibration, which again must have been excited by a source having a like rate of vibration, we see at once that this would-be atom is a wondrously complex system."

Albuminuria from Cold Bathing.

Dr. Geo. Johnson, of London, calls attention to the action of cold baths in producing albuminuria. In one case he reports, the patient, until within a few days of the time when the albuminuria was first discovered, had been bathing almost daily in the sea, from half to three-quarters of an hour at a time. He had felt fatigued and chilled, and on one occasion had vomited, after coming out of the water. The only previous illness had been diphtheria ten years before. The transient albuminuria is believed to have been caused by the repeated and prolonged immersion in cold water; and it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the frequent recurrence of temporary albuminuria the result of prolonged cold bathing, and the consequent repression of the cutaneous secretion, may lead to permanent mischief and to structural degeneration of the kidney.

Dr. Southey says such examples of albuminuria from cold are common, but he has not known them to be so temporary.

St. Germain Tea.

This long tried remedy, so justly recommended by Hufeland and others, in habitual constipation, is made as follows: Elder flowers, 275 grains; fennel seed, 90 grains; anise, 75 grains; bitartrate of potash, 75 grains; senna leaves, 360 grains. Mix well. The senna leaves are to be previously steeped for twenty-four hours in alcohol, which is to be allowed to evaporate spontaneously. The whole is to be divided into twelve packets, and the patient is to take a cup of infusion prepared with one of them every morning.

Croton Oil in Nævus.

Dr. E. De Smet, of Brussels, gives an account in *La Presse Med. Belge*, of a nævus which he rapidly cured by pricking with pins dipped in croton oil. The nævus was near the lower lid of the right eye, and had been treated by vaccination without effect. It was about the size of a half-franc piece. Dr. de Smet fixed fifteen sewing needles in a cork, so that the points projected about two millimetres. Having dipped them in croton oil he placed them over the nævus, which they had been so arranged as just to cover, and then by a sudden push of the

cork he plunged them into the tumor. A little swelling and a few vesicles were seen next day. A crust formed in another day, and under it the vessels had some of them become invisible, others contained little clots. A little of the oil was brushed over the nævus, and this application was repeated three days later. No other treatment was required, the nævus having completely disappeared.

Important Point in the Treatment of Frozen Limbs.

It is well known that after a limb has been frozen by exposure, no matter what care is exerted in restoring the circulation gradually, there remains a capillary stasis, a blue color, and great danger of violent inflammation and gangrene.

Dr. Bergmann, of Dorpat, recommends and has successfully practiced *vertical suspension of the limbs*, which promptly disperses the venous stasis of the period of reaction with its attendant dangers. If, as is most common, the feet and legs have been frozen, they should be held considerably higher than the trunk, so as to facilitate the reflux of blood to the heart.

The New Local Anæsthetic.

The observation of Horwath, of Kiew, that absolute alcohol at a temperature of 20° Fahr. is a most efficient local anæsthetic, deserves to be remembered and acted upon. He finds it far superior to cold ether, or ice, or the spray of volatile substances.

A Cause of Nightmare.

Many children, and some grown-up folks, suffer terribly from nightmare. A frequent and hitherto unknown cause has been pointed out by Dr. Warrington Howard. He found in some cases the attack greatly aggravated by *enlarged tonsils*, and entirely dispersed when these were removed.

Bromide of Calcium.

This remedy, suggested by Dr. Hammond, has been investigated by Dr. Guttman, of Berlin, whose paper appears in the *Allgemeine Medicinische Central-zeitung*, December 6th. The latter finds it about one-third or one-fourth as strong as the bromide of potassium, and disagrees entirely both with Dr. Hammond's clinical and chemical theories of its value.

Therapeutical Notes.

SYKOSIS.

This troublesome affection is treated in the Canstatt hospital by *acetic acid*. The beard is cut short, scabs are removed by poultices, the parts are for several days anointed with tar ointment, and the hairs plucked out, and then the acetic acid painted over the diseased surface. It is painful, but usually one application is enough.

POWDERED COAL-TAR FOR WOUNDS.

M. Magnis-Lahens, of Toulouse, adds charcoal to coal-tar (33 per cent. of the latter), and thus obtains a light and porous powder, which does not irritate wounds, and which is easily washed off with cold water. This combination is a very useful mixture of two antiseptic substances. The charcoal absorbs the gases formed by fermentation, coagulates the albumen, and prevents its decomposition; thus effectually assisting the carbolic acid contained in the coal-tar.

CORRESPONDENCE.

Chloral and its Use.

ED. MED. AND SURG. REPORTER:—

In the issue of the 10th Jan. two of your correspondents give their opinions upon certain questions concerning hydrate of chloral. With the opinion of Dr. Robert G. Allen, as to the length of time that it may be allowed to remain in solution, we fully concur. From Dr. Charles T. Reber's opinion, however, we dissent; not that "we hope to cure *all* cases of asthma with chloral," but that we do hope and expect to cure a certain per cent., confer positive relief to a greater per cent., and injure none.

In the last sentence of Prof. Trousseau's lecture on Hæmoptysis (Trousseau's Clin. Med., sec. 29, p. 541), attention is called to "the small reliance to be placed on theoretical explanations, and of the value of empirical facts, without which, indeed, therapeutics would be a nullity." With such a noble authority to back us, we make bold to assert our "empirical facts," as far as they bear upon the questions discussed by the aforementioned gentlemen.

We assert further, that chloral is the best known remedy for whooping cough in the whole materia medica. Our favorite formula is as follows:—

R.—Chloral hydrat.,	ʒiv;
Aque puræ,	ʒi. ʒss;
Syr. simp.,	ʒi. ʒss;
Ol. gaultheriæ,	gtt. vj. M.

This we keep constantly prepared, and

never knew it to fail us from long keeping. As a pure hypnotic, we order of the above one to two teaspoonfuls every hour until sleep is obtained.

Upon the accession of a paroxysm of asthma a full dose is to be taken, which often cuts it short; further treatment to be governed by circumstances.

In whooping cough we order from fifteen drops up to the adult dose, every four or five hours, according to age. We direct the remedy to be given steadily for a number of days, increasing the doses at night, and finally push it until they sleep after every dose, if the cough is not moderated or arrested. And we claim that it *will* arrest it, cut it short, abort it, in a large majority of cases. These are "empirical facts" gathered from a tolerably large experience. We instruct those using the above never to dilute it with water when about to take a dose, but with syrup. Water seems to develop the bad taste of chloral, which is its great drawback.

Yours fraternally,

R. L. MOORE, M. D.

Spring Valley, Minn., January, 1874.

Preliminary Education of Medical Students.

ED. MED. AND SURG. REPORTER:—

In looking over this morning's *Ledger* my attention was attracted to a short editorial on Legal Education, containing the following sentences: "At the suggestion of the Board of Examiners, two reforms have been adopted by the Courts, which are likely in time to produce good results. In the first place, it is now necessary that law students, before being registered, should pass an elementary examination on all the branches of a good English education, and show themselves sufficiently prepared and qualified to commence the study of the law."

Struck with the plain, straightforward common sense of this reform, and with its peculiar appropriateness to medical education, I determined to ask your kind consideration of these remarks.

Why should not those desirous of studying medicine, before entering college, be required to pass such an elementary examination? There is not the slightest doubt in my mind of the need of it, after sitting beside a man in clinic and seeing him spell phagedenic "fadge," or hearing a man in quiz say, "there is two bones," or "that there one is the largest," etc., etc.

And yet the reasoning, cultivated physician talks of the opprobrium thrown on the profession by certain of its members. Is it any wonder, after a knowledge of these facts? Have I not heard it said that a farmer, when he has provided for all his boys, save one, and knows not what to do with him because he exhibits no peculiar talents except those for "doin' nothin'," cuts the Gordian knot of perplexity by sending him to Philadelphia to study medicine!! He comes here, attends his two courses, writes a thesis, and, heaven save the mark! graduates from the University or Jefferson. He goes back "to

hum," and is now a great man—a doctor. As such, he stands by bedside after bedside (while the cultivated physician of the place has nothing to do), orders a certain routine of remedies, and perhaps by the ignorant use of instruments occasions the life-long distress of some worthy woman, and, *summa bonum* of country practice, makes money.

A MEMBER OF THE CLASS OF 1873-4,
University of Pennsylvania.
Philadelphia, January 23, 1874.

NEWS AND MISCELLANY.

Philadelphia Obstetrical Society.

The Honorary members of this Society are limited to twelve, and the Corresponding members to twenty. The following list embraces those elected:—

Honorary.—Drs. Robert Barnes, London; J. Braxton Hicks, London; Alfred H. McClintock, Dublin; J. Matthews Duncan, Edinburgh; Karl Braun, Vienna; Edward Martin, Berlin; Carl Schroeder, Erlangen; A. H. de Paul, Paris; A. Courty, Montpellier; C. J. Fabbri, Bologna.

Corresponding.—Drs. Fordyce Barker, New York; T. G. Thomas, New York; J. Marion Sims, New York; T. A. Emmet, New York; E. R. Peaslee, New York; Nathan Bozeman, New York; Isaac E. Taylor, New York; Abraham Jacobi, New York; J. V. P. Quackenbush, Albany; Charles E. Buckingham, Boston; Wm. H. Byford, Chicago; Theophilus Parvin, Indianapolis.

Associate.—Drs. Hiram Corson, Conshohocken; Jacob Price, West Chester; Trail Green, Easton.

Schuylkill County, Pa., Medical Association.

The Schuylkill County Medical and Surgical Association met at the office of R. T. Hylton, M. D., Minersville, on Tuesday, January 6th, 1874, at two o'clock, P. M. The meeting was called to order by Philip Weber, M. D., President, and resolutions were passed stating why this Association refused to unite with the Schuylkill County Medical Society, the reason being that the latter admitted and continued in membership physicians openly engaged in the sale of quack nostrums.

The Siamese Twins.

The Twins, whose death we recorded in our last, were 63 years of age. The circumstances of their decease were as follows:—

On the Thursday previous the brothers were at Chang's residence, and the evening of that day was the appointed time for a removal to Eng's dwelling. The day was cold, and Chang had been complaining for a couple of months past of being very ill. The road leading from the two houses was very rough and frozen. Early in the evening they started upon their journey in an

open wagon or carryall, and in a short time arrived at Eng's. Chang became chilled by the exposure and complained of being very cold, while his partner was in apparent good health, and grumbled because he had to sit by the fire. They retired that night, and in answer to an inquiry from the sick man's wife on Friday, he stated that he was much better.

On Friday evening they retired to a small room by themselves and went to bed, but Chang was very restless. Some time between midnight and daybreak they got up and sat by the fire. Again Eng protested, and said he wished to lie down, as he was sleepy. Chang stoutly refused, and replied that it hurt his breast to recline. After a while they retired to their bed, and Eng fell into a deep sleep. About four o'clock one of the sons came into the room, and going to the bedside discovered that his uncle was dead. Eng was awakened by the noise, and in the greatest alarm turned and looked upon the lifeless form beside him, and was seized with violent nervous paroxysms. No physicians were at hand, and it being three miles to the town of Mount Airy, some time necessarily elapsed before one could be summoned. A messenger was despatched to the village for Dr. Hollingsworth, and he sent his brother, also a physician, at once to the plantation, but before he arrived the vital spark had fled, and the Siamese twins were dead.

Dr. Hollingsworth made an examination of the bodies, and found the "gordian knot" or band which connected them to be an extension of the sternum for about four inches in length and two in breadth. The band was convex above and in front and concave underneath. The two bodies had but one navel, which was in the centre of the band, and it is supposed that there were two umbilical cords branching from this.

The connecting link was found to be the ensiform cartilage, and was as hard as bone, and did not yield in the least. It is also stated that for some time previous to their death no motions were observable in the band. The Doctor said he did not think they would have survived a separation, not from the fact of being afraid of separating the arteries, but from fear of producing peritonitis. No hemorrhage would have been produced, so far as could be seen, as there were no arterial connections of any account.

The Brain of Agassiz.

Agassiz expressed a wish that his brain should be carefully examined after death. An autopsy was accordingly performed by Dr. Maurice Wyman, which revealed the following anomalous condition:—

Cranium brachycephalic, falling off abruptly from the middle of the sagittal suture. Greatest antero-posterior diameter, 197 mill. met.; greatest lateral diameter, 163 mill. met.; these measurements made before the removal of the skin. Depth of frontal bone, measured externally at the median

line, 5½ inches=135 m. m.; length of sagittal suture, 5 inches=128 m. m. The walls of the skull were thick and heavy; the dura mater exceedingly adherent to the bone and remarkably thick. The pia mater moderately transparent. Along the arachnoid veins were white lines indicating chronic thickening; the veins themselves rather more injected than usual. The cerebral sulci were deep and wide. On each side of the median line, near the anterior ascending convolution on the left, and the posterior ascending convolution on the right, was a depression which might have held a prune-stone or a little more. The brain tissue around was diminished without evidence of disease. The arteries at the base of the brain showed evidence of extensive chronic disease of their lining membrane, with narrowing of the calibre of the carotids. The basilar artery was apparently a continuation of the left vertebral alone, the right vertebral being represented by an exceedingly small vessel which united the basilar with the inferior cerebellar, the latter being merely the prolongation of the exceedingly small right vertebral. The left vertebral was larger than usual, larger even than the basilar. In these unusually arranged arteries were very important changes. Commencing at an inch below the anterior edge of the Pons Varolii and extending downwards, the walls of the left vertebral artery were stiff, in part calcified, and its linings loose. At half an inch from the point just mentioned, immediately over the left olivary body, was a reddish-yellow, opaque, friable plug (thrombus) completely obstructing the vessel; still lower was another more recent, but probably ante-mortem plug. The first was one-quarter of an inch long, the second four inches long. A third plug, an inch long, was above the first, and touching it. Opposite the middle of the pons there was atheromatous degeneration of the basilar artery.

The walls of the internal carotids were also in part calcified. The posterior part of the right cerebellar lobe (the side on which the vertebral artery was exceedingly small) was softer than usual, the corresponding foliations swollen and indistinctly defined, indicating disease of this part, probably consequences of the changes in the arteries.

The weight of the entire brain was 53·4 avoirdupois ounces—1495 grammes; allowing a diminution in the weight of the brain from the age of 35–40 years, at the rate of one ounce avoirdupois for each ten years elapsed, the greatest weight of the brain may be estimated at 58·5 avoirdupois ounces.

Weight of right anterior lobe (separated with the fissure of Rolando for a guide), 234 grammes; weight of left anterior lobe, 233 grammes.

Health Officers and "Highjinnicks."

President White, of Cornell University, has made an exposure of the ignorance of New York health officers. One of the latter

having been brought up for examination before the Chief, to refute this general charge, was asked whether a family suffering from small-pox had had any care. He replied, "yes, sir; they had highjinnicks (hygienics); they doctored themselves." With the remaining officers "highjinnicks" was used as the test of their ignorance. Each one was asked whether there were any "highjinnicks" in his district, and not a single one detected the absurdity of the question. One was asked if he knew the meaning of the word, after he had said that a portion of his district was afflicted with it, and he replied, "yes, sir, I do; it means a bad smell arising from dirty water." President White ascribes this ignorance of men appointed to guard the public health of New York to a general lack of knowledge of the importance of the subject of health preservation and disease prevention.

Personal.

—Dr. Livingstone is, we fear, really dead this time, from a dysentery contracted in the marshes between Bembe and Unyam-yeembe.

—Dr. Francis D. Webb, the editor of the *London Medical Times and Gazette*, died suddenly, of cardiac disease, December 23d, 1873, at the age of 47. He was a popular and successful writer.

—Dr. Henry William Fuller, author of the well-known work on Rheumatism, and other productions, died in December, in London, from pyæmic and pulmonary disease, in the fifty-sixth year of his age.

—Dr. Zacharie has presented a petition to Congress asking \$46,000 for services as a chiropodist, or corn doctor, in operating on the feet of Union soldiers during the war. His claim is supported by testimony of Federal officers.

A National Board of Health.

The Congressional House Committee on Commerce, on January 28th, authorized the chairman to report the bill to prevent the importation of contagious or infectious diseases into the United States.

It provides that the surgeon-generals of the army and navy, and the supervising surgeon of marine hospitals, of the Treasury, shall constitute a board of health, with the power to establish and enforce such rules and regulations as are necessary to prevent the importation of contagious diseases, and the regulations, when approved by the President, shall have the force of law. It does not allow any interference with State or municipal regulations.

Curious Brain Stimulant.

It is related that Goethe called on Schiller one day, and not finding him at home, seated himself at his friend's table to note down various matters. He was soon seized with a strange indisposition, from which he nearly fainted, but finding it proceeded from

a dreadful odor, he traced it to a drawer, which he found full of decayed apples. He stepped out of the room to inhale the fresh air, when he met the wife of Schiller, who said her husband kept the drawer always filled with rotten apples, because the scent was so beneficial to him that he could not think or work without it.

MARRIAGES.

GARRETTSON-SCHAEFER.—In Cincinnati, O., January 7th, 1874, at the residence of the bride's father, Mr. C. B. Schaefer, No. 231 Laurel Street, Elder A. I. Hobbs officiating, Mr. George C. Garrettson, M. D., and Miss Catharine S. Schaefer, both of Cincinnati.

GEORGE-ATWOOD.—In Chatham, Nov. 26, by Rev. W. Livesey, assisted by Rev. Mr. Day, Hiram M. George, Principal of the High School, and Miss Nina M. Atwood, daughter of Dr. Joseph Atwood, of Chatham.

HARRIS-STOKES.—In this city, on the 7th inst., by the Rev. Charles E. Melville, Charles Melville Harris, M. D., and Mary, daughter of the late T. J. P. Stokes, M. D., and granddaughter of the late Charles Stokes.

KELLAR-ENDERES.—Tuesday evening, January 1st, 1874, at Dayton, Ohio, by the Rev. David Winters, D. D., M. B. Kellar, M. D., and Sallie Endres, all of Cincinnati.

ROGERS-TROUT.—On the 5th inst., by the Rev. Samuel E. Webster, Dr. B. H. Rogers, United States Navy, and Mary C. Trout, of Bart, Lancaster co., Pa.

SIBBS-RAMSEY.—On the 8th inst., by the Rev. John Ewing, Dr. J. B. Sibbs and Mary A. Ramsey, both of Clinton, New Jersey.

SIMPSON-BRAUN.—On Wednesday evening, January 7th, by the Rev. Elliott Swift, D. D., in Allegheny City, Pa., W. C. Simpson, M. D., and Miss Mary E. Braun, all of Beaver County, Pa.

THORON-SMITH.—In this city, on Tuesday, January 8th, by the Right Rev. James F. Wood, Nicholas Thuron and Anna Dutilh, daughter of Francis G. Smith, M. D.

ZELL-JOHNSON.—November 27th, by the Rev. Calvin W. Stewart, J. W. Zell, M. D., and Mary J. Johnson, all of Lancaster County, Pa.

DEATHS.

BROWNELL.—At Auburn, January 7th, aged 88 years, Mary, wife of Dr. Moses Brownell.

COOK.—At Hackensack, N. J., on January 10, Lewis C. Cook, M. D., aged 55 years.

HOWELL.—In New York city, on Tuesday, 6th inst., William S. Howell, M. D.

LANE.—In New York city, entered into rest, on Wednesday, January 21st, Jane Maria, wife of Adolphus Lane, and daughter of the late John Stearns, M. D., in the 74th year of her age.

MCCOOK.—At Morrison, Illinois, on January 6th, 1874, Dr. Geo. L. McCook.

MURSKO.—In Nyack, January 19th, of convulsions, Julia, only child of Dr. George A. and Julia Mursko, aged 10 months and 5 days.

SEWALL.—In New York city, on Sunday morning, the 18th inst., Dr. John G. Sewall.

TOWNSEND.—At No. 211 West Fourteenth street, New York city, January 8th, in the 65th year of his age, John Fonday Townsend, M. D., only son of the late Charles De Kay Townsend, M. D., of Albany.

WAGSTAFF.—Lost at sea, by sinking of the *Ville du Havre*, on November 22, 1873, Helen Jay, youngest daughter of Dr. Alfred and Sarah F. Du Bois Wagstaff, in the 21st year of her age.

WILLIAMS.—In New York city, on Wednesday, December 3, 1873, Merrill W. Williams, M. D., in the 73d year of his age. His remains were taken to Colchester, Conn., for interment.